

SERFF Tracking Number:	PRTA-125728785	State:	Arkansas
Filing Company:	West Coast Life Insurance Company	State Tracking Number:	39598
Company Tracking Number:	BETH WCPLUS		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	WC-U15V4 7-08		
Project Name/Number:	WC-U15V4 7-08/WC-U15V4 7-08		

Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-U15V4 7-08

SERFF Tr Num: PRTA-125728785 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 39598

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: BETH WCPLUS

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Beth Fledderman

Disposition Date: 07/14/2008

Date Submitted: 07/11/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: WC-U15V4 7-08

Status of Filing in Domicile: Not Filed

Project Number: WC-U15V4 7-08

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Not a required filing in Nebraska

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/14/2008

State Status Changed: 07/14/2008

Deemer Date:

Corresponding Filing Tracking Number: PRTA-125728767

Filing Description:

This filing is identical to one made for Protective Life Insurance Company in SERFF - PRTA-125728767.

The intended implementation date for the filing is upon approval by your Department. The above referenced forms are being submitted for filing review and prior approval, as appropriate. These are new forms that will not replace any form currently in use by the Company. This filing does not contain any unusual or controversial provisions.

<i>SERFF Tracking Number:</i>	<i>PRTA-125728785</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>West Coast Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39598</i>
<i>Company Tracking Number:</i>	<i>BETH WCPLUS</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>WC-U15V4 7-08</i>		
<i>Project Name/Number:</i>	<i>WC-U15V4 7-08/WC-U15V4 7-08</i>		

The above referenced policy schedule pages will be used in conjunction with previously approved Universal Life Policy WC-U15-AR 11-06 (approved by your Department on 10/25/2006; State 34008/SERFF Tracking Number SERT-6TMV6E299) and endorsement form WC-UE22 11-06 (approved by your Department on 10/19/2006; State 34009/SERFF Tracking Number SERT-6TZVAB748).

The new sets of policy schedule pages, together with the previously approved base policy and endorsement, will form an additional universal life product. The original product will continue to provide life insurance coverage with a long term lapse protection feature. For the new product, we are making changes to the rates and charges for both the policy value account and the lapse protection account to adjust our competitive positioning of the product. For most insured's, the result will be higher policy values when paying the premiums for a desired lapse protection duration.

The form is submitted in final print, just, as it will be delivered to contract owners. The company reserves the right at any time to make minor non-material format changes including, but not limited to: paper stock, type face (but not font size) and page layout that become unavoidably necessary as a result of computer hardware and/or software upgrades and print technology changes. We certify that any necessary format changes will not affect the specific content of the approved form.

This was not a required filing in our domiciliary state of Nebraska.

Company and Contact

Filing Contact Information

Elizabeth Fledderman, Policy Contract Filing Specialist	elizabeth.fledderman@protective.com
2801 Highway 280 South	(800) 866-3555 [Phone]
Birmingham, AL 35223	(205) 268-3401[FAX]

Filing Company Information

West Coast Life Insurance Company	CoCode: 70335	State of Domicile: Nebraska
2801 Highway 280	Group Code: 458	Company Type: Life Insurance
Birmingham, AL 35223	Group Name:	State ID Number:
(800) 866-3555 ext. [Phone]	FEIN Number: 94-0971150	

<i>SERFF Tracking Number:</i>	<i>PRTA-125728785</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>BETH WCPLUS</i>		
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	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>WC-U15V4 7-08</i>		
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	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>WC-U15V4 7-08</i>		
<i>Project Name/Number:</i>	<i>WC-U15V4 7-08/WC-U15V4 7-08</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 AR Fee + \$0 TN Fee = \$50.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$50.00	07/11/2008	21366282

<i>SERFF Tracking Number:</i>	<i>PRTA-125728785</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/14/2008	07/14/2008

<i>SERFF Tracking Number:</i>	<i>PRTA-125728785</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>WC-U15V4 7-08</i>		
<i>Project Name/Number:</i>	<i>WC-U15V4 7-08/WC-U15V4 7-08</i>		

Disposition

Disposition Date: 07/14/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PRTA-125728785</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Statement of Variability		Yes
Form	Policy Schedule		Yes
Form	Policy Schedule		Yes

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Form Schedule

Lead Form Number: WC-U15V4 7-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WC-U15V4 7-08	Schedule Pages	Policy Schedule	Initial			WC-U15V4 7-08.pdf
	WC-UE22V4S 7-08	Schedule Pages	Policy Schedule	Initial			WC-UE22V4S Schedule Pages FR BR.pdf

POLICY SCHEDULE

POLICY NUMBER: [SPECIMEN]

LIFE INSURANCE

RIDER FORM NUMBER	SCHEDULE OF ADDITIONAL BENEFITS TITLE	*INITIAL MONTHLY CHARGE
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* The cost of any additional insurance or benefit will be determined according to the terms of the rider that provides it.

IF YOU PAY THE PLANNED PREMIUM EXACTLY AS DESCRIBED ON PAGE 3b AND AT ALL TIMES NOT LATER THAN WHEN IT IS DUE, MAKE NO POLICY CHANGES AND TAKE NO LOANS OR PARTIAL SURRENDERS, THEN THIS POLICY IS GUARANTEED TO STAY IN FORCE UNTIL THE END OF POLICY YEAR [86].

POLICY INFORMATION ON THE POLICY EFFECTIVE DATE

INSURED: [JOHN DOE]	INITIAL DEATH BENEFIT OPTION: [A]
AGE: [35] [GENDER]: [MALE]	POLICY EFFECTIVE DATE: [NOVEMBER 01, 2006]
RATE CLASS: [NON-TOBACCO]	MONTHLY ANNIVERSARY DATE: [1]
INITIAL FACE AMOUNT: [\$100,000]	MINIMUM FACE AMOUNT: [\$50,000]
INITIAL PREMIUM: [\$725.01]	MINIMUM MODAL PREMIUM: [\$120.00]
OWNER: [JOHN DOE]	

POLICY SCHEDULE (continued)

POLICY NUMBER: [SPECIMEN]

MAXIMUM POLICY CHARGES & FEES

Premium Expense Charge	[10%] of each premium payment
Monthly Expense Charge	[\$0.24] per \$1,000 of initial face amount for the first [86] years
Administrative Charge	[\$5.00] per month
Partial Surrender Fee	[\$25.00]
Projection Request Fee	[\$50.00]

MAXIMUM MONTHLY COST OF INSURANCE RATES

(per \$1,000 of Net Amount at Risk)

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
0		25		50	[\$0.277]	75	[\$3.336]	100	[\$30.175]
1		26		51	[0.299]	76	[3.678]	101	[31.601]
2		27		52	[0.330]	77	[4.074]	102	[33.120]
3		28		53	[0.363]	78	[4.538]	103	[34.737]
4		29		54	[0.406]	79	[5.073]	104	[36.457]
5		30		55	[0.458]	80	[5.656]	105	[38.261]
6		31		56	[0.512]	81	[6.320]	106	[40.179]
7		32		57	[0.569]	82	[7.012]	107	[42.218]
8		33		58	[0.618]	83	[7.758]	108	[44.386]
9		34		59	[0.675]	84	[8.583]	109	[46.688]
10		35	[\$0.091]	60	[0.743]	85	[9.506]	110	[49.133]
11		36	[0.096]	61	[0.827]	86	[10.528]	111	[51.728]
12		37	[0.100]	62	[0.928]	87	[11.645]	112	[54.483]
13		38	[0.108]	63	[1.043]	88	[12.842]	113	[57.409]
14		39	[0.114]	64	[1.163]	89	[14.104]	114	[60.513]
15		40	[0.122]	65	[1.289]	90	[15.422]	115	[63.806]
16		41	[0.132]	66	[1.418]	91	[16.661]	116	[67.299]
17		42	[0.144]	67	[1.548]	92	[17.953]	117	[71.004]
18		43	[0.158]	68	[1.688]	93	[19.315]	118	[74.935]
19		44	[0.175]	69	[1.833]	94	[20.754]	119	[79.102]
20		45	[0.194]	70	[2.008]	95	[22.266]	120	[83.333]
21		46	[0.213]	71	[2.205]	96	[23.649]	121+	[00.000]
22		47	[0.233]	72	[2.463]	97	[25.124]		
23		48	[0.244]	73	[2.736]	98	[26.698]		
24		49	[0.258]	74	[3.023]	99	[28.378]		

Mortality Basis: [2001 Commissioner's Standard Ordinary (CSO) rates male or female, age nearest birthday, smoker or non-smoker, as applicable.]

POLICY SCHEDULE (continued)

POLICY NUMBER: [SPECIMEN]

TABLE OF VALUES

Guaranteed Interest Rate: [2.50%]

This table shows projected values at the end of each Policy year based on the following Assumptions:

- a) the Planned Premium is paid exactly as shown in the table below and exactly when due; and,
- b) no Policy changes are made; and,
- c) no Policy loans or surrenders are taken.

Planned Premium is the Initial Premium shown on page 3 plus subsequent Planned Premiums of [\$725.01] per [year].

These projected values are based on: the Assumptions, the Guaranteed Interest Rate, the Maximum Policy Charges and Fees shown on Page 3a; and, the table of Maximum Monthly Cost or Insurance Rates shown on Page 3a. Based on the Assumptions, these Projected Values are at least equal to the minimum required by the laws of the state in which the Policy was delivered. However, the Projected Values may be higher or lower if there are deviations from the Assumptions.

TABLE OF VALUES

Policy Year	Planned Premium	Policy Value	Surrender Charge	Cash Value	Death Benefit
1	[\$725.01]	[\$206.18]	[\$2,623.00]	[\$0.00]	[\$100,000]
2	[725.01]	[411.71]	[2,589.00]	[0.00]	[100,000]
3	[725.01]	[617.81]	[2,555.00]	[0.00]	[100,000]
4	[725.01]	[819.70]	[2,519.00]	[0.00]	[100,000]
5	[725.01]	[1,019.72]	[2,483.00]	[0.00]	[100,000]
6	[725.01]	[1,215.44]	[1,986.00]	[0.00]	[100,000]
7	[725.01]	[1,404.41]	[1,490.00]	[0.00]	[100,000]
8	[725.01]	[1,584.10]	[993.00]	[591.10]	[100,000]
9	[725.01]	[1,751.94]	[497.00]	[1,254.94]	[100,000]
10	[725.01]	[1,904.11]	[0.00]	[1,904.11]	[100,000]
11	[725.01]	[2,037.86]	[0.00]	[2,037.86]	[100,000]
12	[725.01]	[2,152.75]	[0.00]	[2,152.75]	[100,000]
13	[725.01]	[2,247.14]	[0.00]	[2,247.14]	[100,000]
14	[725.01]	[2,331.15]	[0.00]	[2,331.15]	[100,000]
15	[725.01]	[2,400.95]	[0.00]	[2,400.95]	[100,000]
16	[725.01]	[2,450.27]	[0.00]	[2,450.27]	[100,000]
17	[725.01]	[2,475.01]	[0.00]	[2,475.01]	[100,000]
18	[725.01]	[2,463.84]	[0.00]	[2,463.84]	[100,000]
19	[725.01]	[2,413.34]	[0.00]	[2,413.34]	[100,000]
20	[725.01]	[2,310.49]	[0.00]	[2,310.49]	[100,000]
21	[725.01]	[2,142.94]	[0.00]	[2,142.94]	[100,000]
22	[725.01]	[1,906.13]	[0.00]	[1,906.13]	[100,000]
23	[725.01]	[1,594.00]	[0.00]	[1,594.00]	[100,000]
24	[725.01]	[1,213.28]	[0.00]	[1,213.28]	[100,000]
25	[725.01]	[751.66]	[0.00]	[751.66]	[100,000]

TABLE OF VALUES CONTINUED ON NEXT PAGE

POLICY SCHEDULE (continued)

POLICY NUMBER: [SPECIMEN]

TABLE OF VALUES CONTINUED

Policy Year	Planned Premium	Policy Value	Surrender Charge	Cash Value	Death Benefit
26	[\$725.01]	[\$192.54]	[\$0.00]	[\$192.54]	[\$100,000]
27	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
28	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
29	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
30	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
31	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
32	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
33	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
34	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
35	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
36	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
37	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
38	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
39	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
40	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
41	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
42	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
43	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
44	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
45	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
46	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
47	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
48	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
49	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
50	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
51	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
52	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
53	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
54	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
55	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
56	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
57	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
58	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
59	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
60	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]

TABLE OF VALUES CONTINUED ON NEXT PAGE

POLICY SCHEDULE (continued)

POLICY NUMBER: [SPECIMEN]

TABLE OF VALUES CONTINUED

Policy Year	Planned Premium	Policy Value	Surrender Charge	Cash Value	Death Benefit
61	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
62	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
63	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
64	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
65	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
66	[\$725.01]	[\$0.00]	[\$0.00]	[\$0.00]	[\$100,000]
67	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
68	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
69	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
70	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
71	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
72	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
73	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
74	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
75	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
76	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
77	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
78	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
79	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
80	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
81	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
82	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
83	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
84	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]
85	[725.01]	[0.00]	[0.00]	[0.00]	[100,000]

POLICY SCHEDULE (continued)

POLICY NUMBER: [SPECIMEN]

SURRENDER CHARGE

This table shows the maximum surrender charges that apply to the initial face amount during each of the first [10] Policy years.

# of Complete Years Since the Policy Effective Date	Surrender Charge
0	[\$2,623.00]
1	[2,589.00]
2	[2,555.00]
3	[2,519.00]
4	[2,483.00]
5	[1,986.00]
6	[1,490.00]
7	[993.00]
8	[497.00]
9+	[0.00]

POLICY LOANS

Loan Interest Rates: The annual effective loan interest rates applicable on the Policy Effective Date are:

	Policy Years 1-10	Policy Years 10+
Standard Loan	[5.00%]	[5.00%]

Policy Debt Limit: [95% of Cash Value]

POLICY SCHEDULE (continued)

POLICY NUMBER: SPECIMEN

LAPSE PROTECTION

LAPSE PROTECTION INTEREST RATES

Lapse Protection Sub-Account 1 (LPS1): [5.58]%

Lapse Protection Sub-Account 2 (LPS2): [5.00]%

Lapse Protection Sub-Account 3 (LPS3): [5.00]%

LAPSE PROTECTION EXPENSE CHARGES AND FEES

Lapse Protection Premium Expense Charge: [7.00]% of premium

Lapse Protection Monthly Expense Charge: \$[0.33] per \$1,000 of initial face amount for the first [30] years

Lapse Protection Administrative Charge \$[5.00] per month

LAPSE PROTECTION MONTHLY COST OF INSURANCE RATES TABLE A
(per \$1,000 of Lapse Protection Net Amount at Risk)

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
0		25		50	[0.046902]	75	[0.565516]	100	[5.115498]
1		26		51	[0.050717]	76	[0.623438]	101	[5.357216]
2		27		52	[0.055944]	77	[0.690684]	102	[5.614757]
3		28		53	[0.061595]	78	[0.769231]	103	[5.888827]
4		29		54	[0.068799]	79	[0.859929]	104	[6.180414]
5		30		55	[0.077700]	80	[0.958820]	105	[6.486271]
6		31		56	[0.086741]	81	[1.071415]	106	[6.811481]
7		32		57	[0.096489]	82	[1.188671]	107	[7.157176]
8		33		58	[0.104824]	83	[1.315111]	108	[7.524628]
9		34		59	[0.114431]	84	[1.455112]	109	[7.914965]
10		35	[0.015398]	60	[0.126015]	85	[1.611502]	110	[8.329319]
11		36	[0.016246]	61	[0.140142]	86	[1.784844]	111	[8.769385]
12		37	[0.016952]	62	[0.157378]	87	[1.974150]	112	[9.236434]
13		38	[0.018224]	63	[0.176732]	88	[2.177018]	113	[9.732443]
14		39	[0.019354]	64	[0.197075]	89	[2.391046]	114	[10.258544]
15		40	[0.020625]	65	[0.218549]	90	[2.614399]	115	[10.816856]
16		41	[0.022321]	66	[0.240305]	91	[2.824472]	116	[11.409072]
17		42	[0.024440]	67	[0.262344]	92	[3.043446]	117	[12.037172]
18		43	[0.026841]	68	[0.286077]	93	[3.274427]	118	[12.703558]
19		44	[0.029667]	69	[0.310659]	94	[3.518406]	119	[13.409923]
20		45	[0.032916]	70	[0.340468]	95	[3.774675]	120	[14.127308]
21		46	[0.036024]	71	[0.373808]	96	[4.009188]	121+	[0]
22		47	[0.039415]	72	[0.417603]	97	[4.259242]		
23		48	[0.041393]	73	[0.463799]	98	[4.526107]		
24		49	[0.043653]	74	[0.512397]	99	[4.810913]		

POLICY SCHEDULE (continued)

POLICY NUMBER: SPECIMEN

LAPSE PROTECTION (continued)

LAPSE PROTECTION MONTHLY COST OF INSURANCE RATES TABLE B
(per \$1,000 of Lapse Protection Net Amount at Risk)

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
0		25		50	0.840000	75	0.840000	100	5.115498
1		26		51	0.840000	76	0.840000	101	5.357216
2		27		52	0.840000	77	0.840000	102	5.614757
3		28		53	0.840000	78	0.840000	103	5.888827
4		29		54	0.840000	79	0.859929	104	6.180414
5		30		55	0.840000	80	0.958820	105	6.486271
6		31		56	0.840000	81	1.071415	106	6.811481
7		32		57	0.840000	82	1.188671	107	7.157176
8		33		58	0.840000	83	1.315111	108	7.524628
9		34		59	0.840000	84	1.455112	109	7.914965
10		35	0.840000	60	0.840000	85	1.611502	110	8.329319
11		36	0.840000	61	0.840000	86	1.784844	111	8.769385
12		37	0.840000	62	0.840000	87	1.974150	112	9.236434
13		38	0.840000	63	0.840000	88	2.177018	113	9.732443
14		39	0.840000	64	0.840000	89	2.391046	114	10.258544
15		40	0.840000	65	0.840000	90	2.614399	115	10.816856
16		41	0.840000	66	0.840000	91	2.824472	116	11.409072
17		42	0.840000	67	0.840000	92	3.043446	117	12.037172
18		43	0.840000	68	0.840000	93	3.274427	118	12.703558
19		44	0.840000	69	0.840000	94	3.518406	119	13.409923
20		45	0.840000	70	0.840000	95	3.774675	120	14.127308
21		46	0.840000	71	0.840000	96	4.009188	121+	0
22		47	0.840000	72	0.840000	97	4.259242		
23		48	0.840000	73	0.840000	98	4.526107		
24		49	0.840000	74	0.840000	99	4.810913		

<i>SERFF Tracking Number:</i>	<i>PRTA-125728785</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>West Coast Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39598</i>
<i>Company Tracking Number:</i>	<i>BETH WCPLUS</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>WC-U15V4 7-08</i>		
<i>Project Name/Number:</i>	<i>WC-U15V4 7-08/WC-U15V4 7-08</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PRTA-125728785</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>West Coast Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39598</i>
<i>Company Tracking Number:</i>	<i>BETH WCPLUS</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>WC-U15V4 7-08</i>		
<i>Project Name/Number:</i>	<i>WC-U15V4 7-08/WC-U15V4 7-08</i>		

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

07/10/2008

Comments:

Attachments:

AR WC 19 Certification.pdf
AR WC 34 Certification.pdf
AR WC Rate Certification.pdf

Review Status:

Satisfied -Name: Statement of Variability

07/11/2008

Comments:

Attachment:

WC Statement of Variability.pdf

PROTECTIVE LIFE INSURANCE COMPANY

(STATE OF DOMICILE - TENNESSEE)□

ARKANSAS INSURANCE DEPARTMENT

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: PROTECTIVE LIFE INSURANCE COMPANY

Company NAIC Code: 68136

Company Contact Person & Telephone: Lisa Woodall, Assistant Manager
800-866-3555 Ex. 3225

INSURANCE DEPARTMENT USE ONLY

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. _____ x \$50 = _____
**Retaliatory

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. _____ x \$50 = _____
**Retaliatory

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. _____ x \$20 = _____
**Retaliatory

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. _____ x \$25 = _____
**Retaliatory

FORM NUMBER: «FORMNO» - «FORMTITLE»

DATE: «DATE»

PROTECTIVE LIFE INSURANCE COMPANY
Birmingham, Alabama

STATE OF ARKANSAS

SIMPLIFIED LANGUAGE CERTIFICATION

This is to certify that the attached Form No.(s) «FORMNO» has achieved a Flesch Reading Ease Score of «FLESCH» and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

«SIGNATURE»
«TITLE»

Date: «DATE»

WEST COAST LIFE INSURANCE COMPANY

STATE OF ARKANSAS

RULE AND REGULATION 19 CERTIFICATION

This is to certify that the attached Form Nos. WC-U15V4 7-08, et al is in compliance with Rule and Regulation 19 of the State of Arkansas regarding the Unfair Sex Discrimination in the Sale of Insurance.

Keith Kirkley, J.D., MBA
Assistant Vice President

Date: July 11, 2008

WEST COAST LIFE INSURANCE COMPANY

STATE OF ARKANSAS

RULE AND REGULATION 34 CERTIFICATION

This is to certify to the best of my knowledge and belief that the attached Form Nos. WC-U15V4 7-08, et al are in compliance with Rule and Regulation 34 of the State of Arkansas regarding the Universal Life Insurance.

Keith Kirkley, J.D., MBA
Assistant Vice President

Date: July 11, 2008

WEST COAST LIFE INSURANCE COMPANY

EXHIBIT A (REVISED) CONSENT TO SUBMIT RATES AND/OR COST BASES FOR APPROVAL

FORM(S): WC-U15V4 7-08

The West Coast Life Insurance Company does hereby consent and agree that all premium rates and/or cost bases both maximum and current or projected used in relation to policy form number WC-U15V4 7-08 must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

(SIGNATURE)

July 11, 2008
(DATE)

Keith Kirkley, J.D., MBA
(PRINTED NAME)

Assistant Vice-President
(TITLE)

Statement of Variability – WC-U15V4 7-08, et al

Specimen data provided are for male, age 35, non-tobacco with a \$100,000 face amount. Data and table entries can depend on a number of factors including gender, age, rate class, premium pattern, interest rates, etc.

Schedule Page numbering may vary due to length of table entries, etc.

No variables will change with respect to in-force policies without notification, appropriate regulatory approvals, and (where required) consent of the contract holder, owner or participant.

Policy Schedule WC-U15V4 7-08

Items that vary by applicant, or "John Doe" information - Insured, Age, Gender, Rate Class, Initial Face Amount, Initial Premium, Owner, Policy Effective Date, Monthly Anniversary Date

Initial Death Benefit Option – Will always be A

Minimum Face Amount – \$50,000 for Standard rate classes; \$100,000 for Preferred rate classes.

Minimum Model Premium – Can range from \$100 to \$200.

Premium Expense Charge – Can range from 0% to 25%.

Administrative Charge – Can range from \$0 to \$50 per month.

Partial Surrender Fee – Can range from \$5 to \$100

Projection Request Fee – Can range from \$5 to \$200

Maximum Monthly Cost of Insurance Rates – Based on Age, Gender Rate Class

Mortality Basis – Can vary as to age nearest birthday or age last birthday. Mortality basis will be updated as necessary by future legislative or regulatory action.

Guaranteed Interest Rate – Can range from 1% to 5%

Mode – Can be Monthly Pre-Authorized Withdrawal, Quarterly, Semi-Annually or Annually

Table of Values – Shows projections of policy value and cash value and will vary based on multiple guaranteed factors of policy.

Surrender Charge – The number of years the surrender charge will be assessed can vary from 5 to 25. Surrender charges will be based on age, gender and rate class.

Standard Loan Interest Rates – will never exceed 8%.

Policy Debt Limit – Can range from 50% to 100% of Cash Value.

Policy Schedule WC-UE22V4S 7-08

Lapse Protection Sub-Account Interest Rates – Sub-Accounts 1, 2 and 3 will vary by the Insured's age, gender and rate class.

Lapse Protection Premium Expense Charge – Can vary from 0% to 25%.

Lapse Protection Monthly Expense Charge – Will vary by issue age, gender and rate class.

Lapse Protection Administration Charge – Can vary from \$0 to \$25 per month.

Lapse Protection Monthly Cost of Insurance Rates Table A and B – Will vary by issue age, gender and rate class.

CERTIFICATION

I certify that the information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification.

Signed for the Company by:

A handwritten signature in black ink that reads "Keith Kirkley". The signature is fluid and cursive, with the first name "Keith" and last name "Kirkley" clearly distinguishable.

Keith Kirkley, J.D., MBA
Assistant Vice President

July 10, 2008